



*MATERNAL AND CHILD HEALTH SERVICES  
TITLE V BLOCK GRANT PROGRAM*

GUIDANCE AND FORMS  
FOR THE  
TITLE V APPLICATION/ANNUAL REPORT

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U.S. Department of Health and Human Services  
Health Resources and Services Administration  
Maternal and Child Health Bureau  
Office of State and Community Health  
Room 18-31  
5600 Fishers Lane, Rockville, MD 20857  
(Phone 301-443-2204 FAX 301-443-9354)

THE MATERNAL AND CHILD HEALTH SERVICES  
TITLE V BLOCK GRANT TO STATES PROGRAM

## PREFACE

The Maternal and Child Health Services Title V Block Grant to States program has operated as a Federal-State partnership for 60 years. When the Social Security Act was passed in 1935, the Federal Government, through Title V, pledged its support of State efforts to extend and improve health and welfare services for mothers and children. Title V of the Social Security Act has been amended a number of times in ensuing years to reflect the expansion of the national interest in maternal and child health.

Title V was converted to a block grant as part of the Omnibus Budget Reconciliation Act of 1981. In the Omnibus Budget Reconciliation Act of 1989, Congress sought to balance the flexibility of the block grant with greater accountability, by requiring State Title V programs to report on progress on key maternal and child health indicators and other program information. Thus the block grant legislation identifies a theme and central core of accountability within the flexibility of State-identified Maternal and Child Health (MCH) needs and solutions. This theme, the request for Federal funds to assist the States in the design and implementation of MCH programs that would meet their own particular needs, while at the same time asking them to account on the use of those funds, was embodied in the requirements contained in guidance documents for block grant applications and annual reports. In 1996, the Maternal and Child Health Bureau (MCHB) began a process of programmatic assessments and planning activities aimed at improving those guidances.

The Government Performance and Results Act (GPRA) of 1993 required the establishment of measurable goals that can be reported as part of the budgetary process, thus linking funding decisions with performance. Among its purposes, GPRA is intended to "...improve Federal program effectiveness and public accountability by promoting a new focus on results, service quality, and customer satisfaction." GPRA requires each Federal agency to develop comprehensive strategic plans, annual performance plans with measurable goals and objectives, and annual reports on actual performance compared to performance goals. The MCHB effort to respond to GPRA requirements coincided with other planned improvements to the block grant guidances. The Office of State and Community Health, MCHB, was given the responsibility of rewriting and combining the Title V application and the annual report into a single performance-based document. The block grant application/annual report guidance and forms that resulted and that are contained within this document are intended, then, to serve two purposes: they ensure that the States and jurisdictions can clearly, concisely, and accurately tell their MCH "stories"; and, they are the basis by which MCHB will meet its GPRA Block Grant to States Program reporting requirements.

The block grant application and annual report, submitted annually by all the States, contains a wealth of information concerning State initiatives, State-supported programs, and other State-

based responses designed to address their MCH needs. In order to better utilize the data that will be contained in the new application/annual reports, MCHB, in collaboration with the National Center for Education in Maternal and Child Health (NCEMCH), has developed an electronic information system, the Title V Information System (TVIS), that is designed to capture data

contained in the States' block grant application/annual reports.

The system, designed initially to capture the qualitative programmatic information of the States, was modified according to MCHB's performance measurement model to collect quantitative data as well. This joint development of the guidance and the database will enable the TVIS to become a powerful and useful tool for a number of audiences.

We believe that this new performance-based guidance will enhance the quality of submissions and the accompanying electronic reporting package of the TVIS will make the entire Title V application and annual reporting process more efficient and will provide better and more timely data.

Any questions and comments you may have on this guidance should be addressed to:

Maternal and Child Health Bureau  
Office of State and Community Health  
Room 18-31, Parklawn Building  
5600 Fishers Lane  
Rockville, Maryland 20857  
Telephone: (301) 443-2204

/s/

/s/

Audrey H. Nora, M.D., M.P.H.

Peter C. van Dyck, M.D., M.P.H.

Assistant Surgeon General

Director

Associate Administrator for Maternal and Child Health  
of State and Community Health

Office

TITLE V MATERNAL AND CHILD HEALTH  
BLOCK GRANT TO STATES PROGRAM  
APPLICATION AND ANNUAL REPORT GUIDANCE

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## I. HISTORY AND PURPOSE

### 1.1 Title V Maternal and Child Health Services Block Grant (Title V)

Title V of the Social Security Act has operated as a Federal-State partnership for over 60 years. When the Social Security Act was passed in 1935, the Federal Government, through Title V, pledged its support of State efforts to extend and improve health and welfare services for mothers and children. Now the Title V Federal-State Partnership provides for a dynamic program to improve the health of all mothers and children, including children with special health care needs.

Title V of the Social Security Act has been frequently amended in ensuing years, to reflect the expansion of national interest in maternal and child health and welfare. When the Title V program was converted to a block grant as part of the Omnibus Budget Reconciliation Act of 1981, seven categorical programs were consolidated into a single block grant: Maternal and child health and services for children with special needs (Title V of the Social Security Act); supplemental security income for children with disabilities (sec. 1615(c) of the Act); lead-based paint poisoning prevention programs (sec. 316 of the Public Health Service (PHS) Act); genetic disease programs (sec. 1101 of the PHS Act); sudden infant death syndrome programs (sec. 1121 of the PHS Act); hemophilia treatment centers (sec. 1131 of the PHS Act); and adolescent pregnancy grants (Public Law PL 95-626). Title V Block Grant provisions in the Omnibus Budget Reconciliation Act (OBRA) of 1989 made significant changes to Title V. The requirements were prescriptive and placed heavy emphasis on planning, accountability, and systems development at both the Federal and State levels. These requirements for accountability provide an advantage to the Federal and State Block Grant partners in being able to respond to new requirements for accountability under the Government Performance and Results Act (GPRA) Public Law 103-62. The guidance provides for a system of national and State performance measures that will provide the basis for setting annual targets for performance and reporting on the extent to which they are achieved. They also called for increased leadership and programmatic responsibilities at the Federal level, especially in the area of national policy development and policy coordination.

In 1996, PL 104-193 created a new section 510 of Title V establishing a separate program for abstinence education.

### 1.2 The Block Grant to States Program [Section 505 (a) (1) (A-D)]

Title V authorizes appropriations to States to improve the health of all mothers and children consistent with the applicable health

status goals and national health objectives established by the Secretary under the Public Health Service Act for the year 2000. Title V enables States to address the following requirements of OBRA 89;

- to provide and to assure mothers and children (in particular those with low income or with limited availability of health services) access to quality maternal and child health services;
- to reduce infant mortality and the incidence of preventable diseases and handicapping conditions among children, to reduce the need for inpatient and long-term care services, to increase the number of children (especially preschool children) appropriately immunized against disease and the number of low income children receiving health assessments and follow-up diagnostic and treatment services, and otherwise to promote the health of mothers and infants by providing prenatal, delivery, and postpartum care for low income, at-risk pregnant women, and to promote the health of children by providing preventive and primary care services for low income children;
- to provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under Title XVI (*the Supplemental Security Income Program*), to the extent medical assistance for such services is not provided under Title XIX (*Medicaid*); and
- to provide and to promote family-centered, community-based, coordinated care including care coordination services, for children with special health care needs and to facilitate the development of community based systems of services for such children and their families.

### 1.3 The Maternal & Child Health Bureau

The Maternal and Child Health Bureau, which administers Title V, is a component of the Health Resources and Services Administration within the Department of Health and Human Services (HHS).

In addition to administering the Maternal and Child Health Block grant, the Maternal and Child Bureau is also responsible for two programs authorized under the Public Health Service Act: Healthy Start, a targeted infant mortality reduction initiative begun in 1991 and the Emergency Medical Services for Children program, enacted in 1984. A new Section 510 of Title V, Separate Program for Abstinence Education was added in 1996.

The Maternal and Child Health staff in the 10 Regional Offices of the Department of Health and Human Services are the Bureau's first line of contact with States and Communities, consulting and working closely with States and groups interested in providing a wide range of maternal and child health programs and developing community-based service systems. Each Regional Office has a



Maternal and Child Health Regional Program Consultant (RPC) who serves as the program contact with the Central Office. In the Bureau the Office of State and Community Health (OSCH) has the administrative responsibility for the Block Grant to States Program.

## II LEGISLATIVE REQUIREMENTS

### 2.1 Who Can Apply for Funds [Section 505(a)(5)(F)(iv)]

The application and annual report shall be developed by, or in consultation with, the State maternal and child health agency and shall be made public within the State in such manner as to facilitate comment from any person (including any Federal or other public agency) during its development and after its transmittal.

### 2.2 Use of Allotment Funds [Section 504]

The State may use funds paid to it for the provision of health services and related activities (including planning, administration, education, and evaluation) consistent with its application. It may also purchase technical assistance if the assistance is required in implementing programs funded by Title V. Related to technical assistance, the State should plan for and allot funds for 2 meetings each year for the Maternal and Child Health and the Children with Special Health Care Needs Directors. One of these meetings is the required face to face Block Grant Application/Annual Report review usually held in the appropriate regional office. This is particularly important because of the need to negotiate performance measures. The second, the Partnership Meeting, or the orientation for new Maternal and Child Health (MCH) and Children with Special Health Care Needs (CSHCN) Directors is required and is held on alternate years in Washington, D.C., to update State MCH and CSHCN Directors on current legislation, implementation of recent legislation, and Maternal and Child Health Bureau initiatives.

Funds may not be used for cash payments to intended recipients of health services or for purchase of land, buildings, or major medical equipment. Other restrictions apply.

Of the Federal Title V allotment paid to a State, not more than 10 percent may be used for administering the program.

## 2.3 Application for Block Grant Funds [Section 505]

An application must be submitted to the Maternal and Child Health Bureau each year that contains a statewide needs assessment (to be conducted every 5 years) that shall identify (consistent with the health status goals and national health objectives) the need for

- preventive and primary care services for pregnant women, mothers, and infants up to age one;
- preventive and primary care services for children; and
- services for children with special health care needs [as specified in section 501(a)(1)(D) "family-centered, community-based, coordinated care (including care coordination services) for children with special health care needs (CSHCN) and to facilitate the development of community-based systems of services for such children and their families"]; and includes for each fiscal year
- a plan for meeting the needs identified by the state-wide assessment; and
- a description of how the funds allotted to the State will be used for the provision and coordination of services to carry out the MCH program.

At least 30 percent of federal Title V funds must be used for preventive and primary care services for children and at least 30 percent for services for children with special health care needs.

Such services include providing and promoting family-centered, community-based, coordinated care (including care coordination services) for CSHCN and facilitating the development of community-based systems of services for such children and their families. The 30 requirement may be waived as specified in Section 505(b)(1-2). A request for waiver must be included in the application transmittal letter.

The State must maintain the level of funds being provided solely by such State for Maternal and Child Health programs at the level provided in fiscal year 1989. [Section 505(a)(4)]

Other requirements for allocating funds, charging for services, a toll-free hotline, and coordination of services with other programs are found in Section 505.

## 2.4 Reports [Section 506]

An annual report must be submitted to the Maternal and Child Health Bureau each year in order properly to evaluate and compare the performance of different States assisted under this title and to assure the proper expenditure of funds. The report should include a complete record of the purposes for which funds were spent, the extent to which the State has met the goals and objectives it set forth, as well as the national health objectives, and the extent to which funds were expended

consistent with the State's application.

The annual report shall include the following information:

- the number of individuals served by the State under this title (by class of individuals),
- The proportion of each class of such individuals which has health coverage,
- The amounts spent under this title on each type of services, by class of individuals served.

Additional requirements are found in Section 506.

## 2.5 Administration of Federal and State Programs. [Section 509]

The Maternal and Child Health Bureau in the Health Resources and Services Administration is the responsible unit for Title V. Within the Bureau, the Office of State and Community Health has responsibility for the day to day operation of the Block Grant to States Program. Applicants may obtain additional information regarding business, administrative, technical and program issues by contacting the appropriate Maternal and Child Health Regional Office or:

Office of State and Community Health  
Maternal and Child Health Bureau  
Health Resources and Services Administration  
5600 Fishers Lane, 18-31  
Rockville, Maryland 20857  
Telephone: (301) 443-2204 Fax: (301) 443-9354

Within the State, the State Health Agency is responsible for the administration (or supervision of the administration) of programs carried out with Title V allotments.

## III BLOCK GRANT APPLICATION AND ANNUAL REPORT PREPARATION AND SUBMISSION

### 3.1 Deadline for Application and Annual Report

The application is due by close of business on July 15 of each year unless States are otherwise notified.

### 3.2 Electronic Submission

The application and annual report shall be submitted on the pre-formatted disc that accompanies this guidance. Included on the disc is a copy of the guidance, the format for the application and annual report, and a copy of the Title V Law. A completed disc containing all narrative, charts, and supporting documents should be accompanied by a hard copy of the letter of transmittal and one signed original of the application and annual report along with any special instructions for accessing the information. One additional hard copy should be sent to the appropriate regional office.

### 3.3 General Information on Preparation and Submission

- This guidance includes instructions and the necessary forms for the Five year needs assessment application, the interim application, and the annual report, which are submitted as one document. For special instructions for the interim year application see Section VIII.
- The application/annual report format for the Block Grant described in this document enables data on each State's needs, priorities, program activities, performance measures and outcomes to be compiled and compared with information from other States. A Title V Information System is being developed to capture information from States' block grant applications/annual reports. This relational database system will allow easier and more accurate access to information such as State performance measures, budget figures, etc. It is important therefore that States follow the organization and formatting instructions in this guidance or on the disc.
- All the headings in the Application/Annual Report Outline (Figure 1) are to appear, as written, in the body of the State's Application/Annual Report and in the Table of Contents. If there is no information that fits under a particular heading, include the heading in both the body and the table of contents anyway, and insert; "No material included." If the information relating to a particular heading is included under another heading, do not omit the heading but insert the title of the heading and the page number where the information can be found.
- A Glossary of Terms is presented in Section 10.1. Definitions for most of the significant words, terms, and phrases used on the various forms in the Application/Annual Report may be found there. Where the State's definitions for programs, services, or other elements differ from those presented in the glossary, this should be made clear in the narrative of the Application/Annual Report.
- Use the forms supplied in Section 10.4. Forms may be reproduced as necessary.
- If the State uses other supporting documents that are important to the narrative or to understanding the Application/Annual Report, place them in supporting documents section 5.3. Other documents, which may not be duplicated for review but which you would like to provide to the Maternal and Child Health Bureau, should be attached as Appendices.

- The Application/Annual Report must be concise, accurate, and complete in addressing the minimum requirements of both Title V and this guidance. The application should be typed on single-sided pages using double or 1.5 spaced lines and a 1 inch margin all around. Use at least a 10 point typeface except for footnotes which may be smaller. The Application/Annual Report is limited to 125 pages excluding Appendices.
- By signing Form 1, the Application Face Sheet (standard Form 424), the State is certifying compliance with the Assurances and Certifications in Section 10.2. The face sheet should be signed in ink by the State health agency official accountable for Title V funds.
- All pages of the Application/Annual Report narrative, are to be numbered consecutively. All Forms, National and State Detail Sheets and Outcome Measure Detail Sheets are to be numbered consecutively starting with "SD1" (for Supporting Document page 1). All page numbers are to appear on the bottom center of each page.

Figure 1

#### APPLICATION/ANNUAL REPORT OUTLINE FOR FIVE-YEAR NEEDS ASSESSMENT

- I COMMON REQUIREMENTS FOR APPLICATION AND ANNUAL REPORT
  - 1.1 Letter of Transmittal
  - 1.2 Face Sheet
  - 1.3 Table of Contents
  - 1.4 Overview of the State
  - 1.5 The State Title V Agency
    - 1.5.1 State Agency Capacity
      - 1.5.1.1 Organizational Structure
      - 1.5.1.2 Program Capacity
      - 1.5.1.3 Other Capacity
    - 1.5.2 State Agency Coordination
- II REQUIREMENTS FOR THE ANNUAL REPORT
  - 2.1 Annual Expenditures
  - 2.2 Annual Number of Individuals Served
  - 2.3 State Summary Profile
  - 2.4 Progress on Annual Performance Measures
  - 2.5 Progress on Outcome Measures

### III REQUIREMENTS FOR APPLICATION

#### 3.1 Annual Budget and Budget Justification

##### 3.1.1 Completion of Budget Forms

##### 3.1.2 Other Requirements

#### 3.2 Needs Assessment of the Maternal and Child Health Population

##### 3.2.1 Needs Assessment Process

##### 3.2.2 Needs Assessment Content

##### 3.2.2.1 Overview of the Maternal and Child Health

##### Population Health Status

##### 3.2.2.2 Direct Health Care Services

##### 3.2.2.3 Enabling Services

##### 3.2.2.4 Population-Based Services

##### 3.2.2.5 Infrastructure Building Services

#### 3.2.3 Priority Needs

#### 3.3 Performance Measures

##### 3.3.1 National "Core" Five Year Performance Measures

##### 3.3.1.1 Five Year Performance Targets

##### 3.3.2 State "Negotiated" Five Year Performance Measures

##### 3.3.2.1 Development of State Performance Measures

##### 3.3.2.2 Discussion of State Performance Measures

##### 3.3.2.3 Five Year Performance Targets

##### 3.3.2.4 Review of State Performance Measures

##### 3.3.3 Outcome Measures

### IV REQUIREMENTS FOR THE ANNUAL PLAN

#### 4.1 Program Activities Related to Performance Measures

#### 4.2 Other Program Activities

#### 4.3 Public Input

#### 4.4 Technical Assistance

### V SUPPORTING DOCUMENTS

#### 5.1 Glossary

#### 5.2 Assurances and Certifications

#### 5.3 Other Supporting Documents

#### 5.4 Forms

#### 5.5 National "Core" Performance Measure Detail Sheets

#### 5.6 State "Negotiated" Performance Measure Detail Sheets

#### 5.7 Outcome Measure Detail Sheets

### 3.4 Assembling and Mailing

The transmittal package is to include the disc containing the application and annual report, one original hard copy version of the application and annual report and any special instructions for accessing the information. The document should be unbound and fastened with easily removable fasteners. Mail the application package to:

HRSA Grants Application Center  
Attention: Title V Application/Annual Report  
40 West Gude Drive  
Suite 100  
Rockville, MD 20850  
Telephone: 1-800-300-HRSA (4772)

One additional copy hard should be sent to the appropriate Regional Program Consultant in the Regional Office.

## IV COMMON REQUIREMENTS FOR APPLICATION AND ANNUAL REPORT

### 4.1 Letter of Transmittal

A letter of transmittal from the responsible State health agency official must be the first page of the application and annual report package. The letter must also contain the documentation for waiver of a 30 percent allotment if the State is so requesting.

### 4.2 Face Sheet

By signing Form 1, the Application Face Sheet (standard Form 424), the signing official assures compliance with the enclosed Assurances and Certifications (section 10.2) non-construction program, debarment and suspension, drug free work place, lobbying, program fraud, and tobacco smoke. Place these assurances in Section 5.2.

### 4.3 Table of Contents

The Table of Contents should conform exactly with the headings in the Application/Annual Report Outline, (Figure 1) and should follow the Application Face Sheet (SF424). The Table of Contents should be page 2 and every page following should be numbered including all supporting documents.

### 4.4 Overview of the State

This section should briefly put into context the Title V program within the State's health care delivery environment. Discuss the principal characteristics important to understanding the health needs of the entire State's population. Describe the State Health Agency's current priorities or initiatives and the resulting Title V program's roles and responsibilities.



This overview should include a description of the process used by the Title V administrator to determine the importance, magnitude, value, and priority of competing factors upon the environment of health services delivery in the State, including the devolution of decision making to States, the impact of welfare reform, the new child health insurance initiatives, and the movement towards managed care.

Include in this description the extent to which poverty, racial and ethnic disparities in health status, geography, urbanization, and the private sector create unique challenges for the delivery of Title V services.

#### 4.5 The State Title V Agency

This section describes the agency's capacity to promote and protect the health of all mothers and children, including children with special health care needs.

##### 4.5.1 State Agency Capacity

###### 4.5.1.1 Organizational Structure

Describe the organizational structure and placement of the Governor, State Health Agency, the Maternal and Child Health and the Children with Special Health Care Needs programs in the State government. Include official and dated organizational charts that include all program elements of the Title V program clearly indicated. Describe concisely how the State health agency is "responsible for the administration (or supervision of the administration) of programs carried out with allotments under Title V" [Section 509(b)]. All programs funded by the Federal-State Block Grant Partnership budget total (Form 2, Line 7) should be included.

Describe State statutes relevant to Title V program authority and how they impact upon the Title V program.

###### 4.5.1.2. Program Capacity

Provide a program description including the State Title V capacity to provide;

- preventive and primary care services for pregnant women, mothers and infants,
- preventive and primary care services for children, and
- services for children with special health care needs. [Section 505(a)(1)] including the capacity;
- to provide rehabilitation services for blind and disabled individuals under the age of 16 receiving benefits under Title XVI (*the Supplemental Security Income Program*), to the extent medical assistance for such services is not provided under Title XIX (*Medicaid*); and

- to provide and promote family-centered, community-based, coordinated care including care coordination services, for children with special health care needs and facilitate the development of community based systems of services for such children and their families.

#### 4.5.1.3 Other Capacity

Describe the number and location (central and out-stationed) of staff that work on Title V programs. Include staff who provide planning, evaluation, and data analysis capabilities. Include the qualifications, in the form of a brief biography, of senior level management employees in lead positions. Also include the number and role of parents of special needs children on staff.

#### 4.5.2 State Agency Coordination

Describe the relevant organizational relationships among the State Human Services agencies (e.g., public health, mental health, social services/child welfare, education, corrections, Medicaid, Social Security Administration, Vocational Rehabilitation, disability determination unit, alcohol and substance abuse, rehabilitation services); the relationship of State and local public health agencies (including city maternal and child health programs) and federally qualified health centers; primary care associations; tertiary care facilities; and available technical resources such as public health and health professional educational programs and universities, all of which may enhance the capacity of the Title V program.

### V REQUIREMENTS FOR THE ANNUAL REPORT [Section 506]

Each State shall submit an annual report to enable MCHB to evaluate its performance and to assure proper expenditure of funds. The annual report shall include (1) a description of the program activities, (2) a complete record of the purpose for which funds were spent, (3) the extent to which National and State goals and objectives were met, and (4) the extent to which funds were expended consistent with the application. The standardized format of the annual report allows for consistency in reporting and facilitates the preparation of the report to Congress, as required in [Section 506(a)(3)].

As required in Section 509(a)(5), the Maternal and Child Health Bureau has made a substantial effort not to duplicate other Federal data collection efforts. In partnership with the States, only maternal and child health data necessary to fulfill the requirements of Title V which are not available at the national level or may be more timely from the State or required for tracking performance measures, are requested as part of the annual report. Data are not available from National Center for Health Statistics or other Federal sources for the Marshall Islands, Federated States of Micronesia, Republic of Palau, Commonwealth of the Northern Mariana Island, and American Samoa.

These jurisdictions must report their own vital statistics and health data using general instructions from the National Center for Health Statistics.

### 5.1 Annual Expenditures

Complete the appropriate Expended column on Form 3, State MCH Funding Profile; and the appropriate Expended column on Form 4, Budget Details by Types of Individuals Served. Form 5, State Title V Programs Budget and Expenditures by Types of Service, parallels the pyramid shown in Figure 2 which organizes Maternal and Child Health Services hierarchically from direct health care services through infrastructure building. Because the narrative description and the implementation of performance measures are integrally related to this pyramid, special care should be used in completing the appropriate fiscal year Expended fund column on this form.

Describe any significant variation between fiscal year budgeted and expended funds or between fiscal year expended funds columns.

### 5.2 Annual Number of Individuals Served

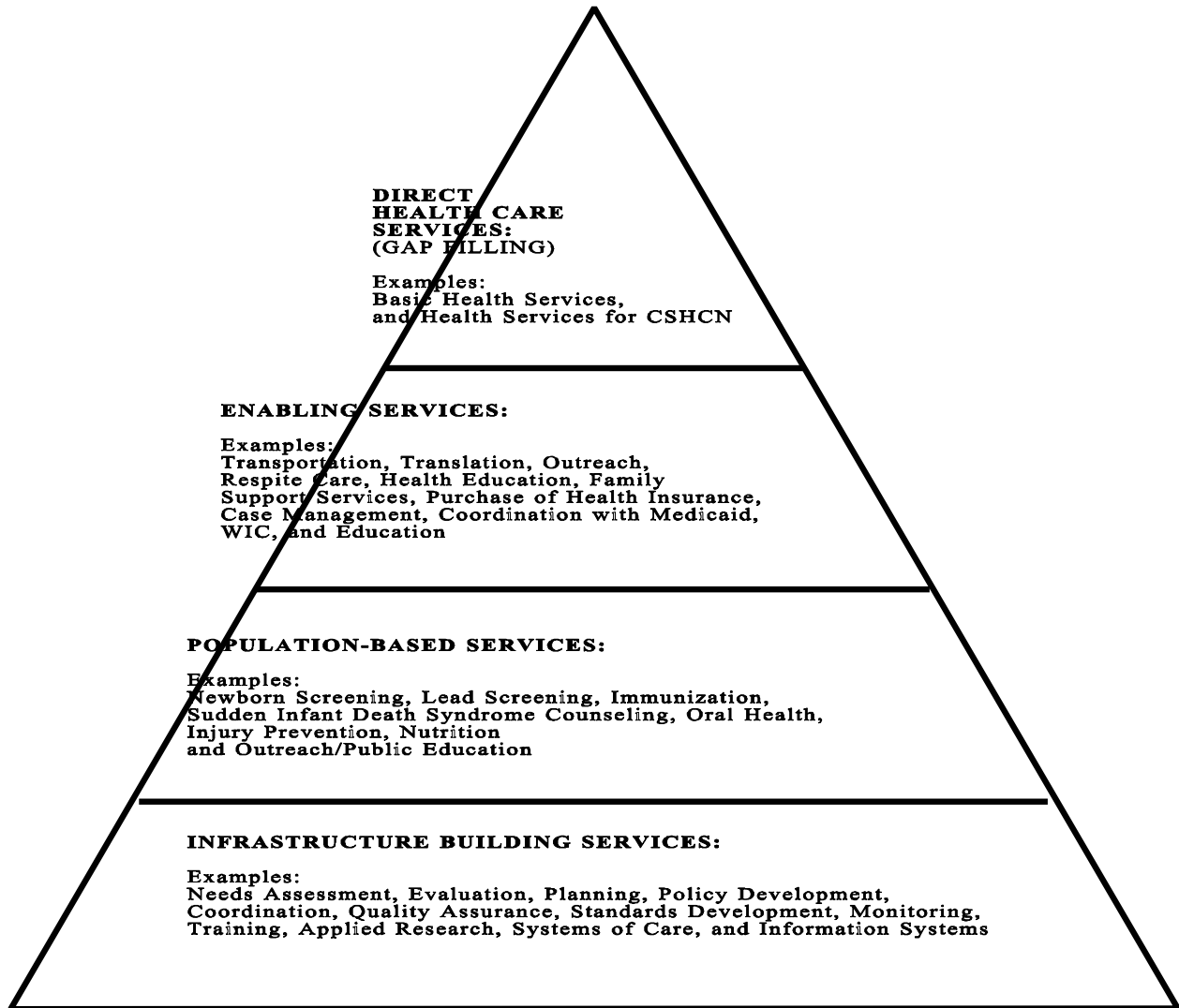
Using the instructions accompanying each form, complete Form 6, Number and Percentage of Newborns and Others Screened, Confirmed and Treated; Form 7, Number of Individuals Served (Unduplicated) Under Title V; Form 8, Deliveries and Infants Served by Title V and Entitled to Benefits Under Title XIX; and Form 9, MCH Toll-free Telephone Line Reporting Form.

### 5.3 State Summary Profile

Use the format in Form 10, Title V Maternal and Child Health Block Grant Services Profile. The information in this profile will be used as a stand alone document to quickly summarize a State's accomplishments during the last fiscal year. Follow the instructions carefully.

Figure 2

**CORE PUBLIC HEALTH SERVICES  
DELIVERED BY MCH AGENCIES**





#### 5.4 Progress on Annual Performance Measures

For a discussion of Performance Measurement, see Section 6.3. Complete the appropriate fiscal year annual performance indicators row on Form 11, Tracking Performance Measures by Service Levels, for each of the National and State performance measures.

Describe the accomplishments of the Title V program by each level of the pyramid direct health care, enabling, population based, and infrastructure building services by required population groups;

- preventive and primary care services for pregnant women, mothers and infants,
- preventive and primary care services for children,
- services for children with special health care needs.  
[Section 505 (a)(1)]

Discuss particularly each National and the State performance measure and the reason each target was successfully met. Describe the Title V role and the influence that other Agencies or circumstances may have on meeting the targets. If the target was not met, discuss why not, and what changes in program activities or resource allocation might be necessary for improvement. If data are not currently available for a National or State performance measure, describe the plan and time frame for acquiring those data.

#### 5.5 Progress on Outcome Measures

The Title V program in the State should ultimately impact positively on the outcome measures in Section 10.7.

Complete the annual performance indicators row for the appropriate fiscal year on Form 12, Tracking Health Outcome Measures.

Briefly describe the relationship between the degree to which the National and State performance measures were met in the State and their collective contributory positive impact on the outcome measures for the Title V population. If the target was not met discuss those factors both within and outside the control of the Title V program that may have affected these outcomes

### VI REQUIREMENTS FOR THE APPLICATION [Section 505]

#### 6.1 Annual Budget and Budget Justification

##### 6.1.1 Completion of Budget Forms

Complete the budget columns of Form 2, Form 3, Form 4 and Form 5, for the application fiscal year.

Form 5 parallels the pyramid shown in Figure 2, Core Public Health Services Delivered by MCH Agencies, which organizes the Maternal and Child Health types of services hierarchially from direct health care through infrastructure building. Because the narrative description of services and the implementation of performance measures are integrally related to the levels of service in the pyramid, special care should be used in completing the appropriate fiscal year columns on this form.

#### 6.1.2 Other Requirements

Describe briefly the maintenance of effort from 1989 [Sec. 505(a)(4)]; any continuation funding for special projects [Sec. 505(a)(5)(C)(i)] or special consolidated projects noted in [Sec. 505(a)(5)(B)].

The budget justification should further describe sources of other Federal MCH dollars, State matching funds, including non-federal dollars that meet at least the legislatively-required minimum match for Title V, and other State funds used by the agency to provide the Title V program. Describe any significant year to year budget variations that appear on Forms 3, 4, or 5.

Remember that any amount payable to a State under this title from allotments for a fiscal year which remains unobligated at the end of such year shall remain available to such State for obligation during the next fiscal year. No payment may be made to a State under this title from allotments for a fiscal year for expenditures made after the following fiscal year. [Section 503(b)]

The State should maintain budget documentation for Block Grant funding/expenditures for reporting, consistent with Section 505(a), and consistent with Section 506(a)(1) for audit.

#### 6.2 Needs Assessment of the Maternal and Child Health Population

The State must prepare a statewide needs assessment every 5 years that shall identify (consistent with health status goals and national health objectives) the need for;

- preventive and primary care services for pregnant women, mothers and infants,
- preventive and primary care services for children,
- services for children with special health care needs. [Section 505 (a)(1)]

##### 6.2.1 Needs Assessment Process

Describe the process used by the State to conduct the Title V comprehensive needs assessment for each of the three population groups. At a minimum the State should:

- Describe the methods used to assess the need for direct health care, enabling, population-based, and infrastructure building services; note any specific limitations of the data not commonly understood from the literature (e.g., limitations of vital records do not need to be presented).
- Reference the collaboration processes, including public and private sector, State and local levels of government, and citizen and family members' involvement in the needs assessment. Describe how the State cycles from the analysis phase to identifying priority needs, establishing State performance measures, setting annual targets for national and State performance measures, and developing annual plans, including resource allocation to meet performance measure targets.
- Describe the sources used, the strengths, and the weakness of current methods and procedures for the comprehensive needs assessment.

## 6.2.2 Needs Assessment Content

### 6.2.2.1 Overview of the Maternal and Child Health Population's Health Status

Describe the health status of the entire State MCH population. Enunciate priority health problems, health service gaps, system constraints and strengths and weaknesses of the service system.

Describe major morbidity, mortality, risk reduction or maintenance of health/wellness problems, gaps, and disparities (racial, ethnic, age, income, or other relevant characteristics) of the Title V population. At a minimum, include major health issue areas within the Title V population as a whole, and for significant sub-populations: e.g., rates of pregnancies, fetal losses, births, age-specific deaths, prevalence of preventable disease and chronic diseases.

Describe separately for the following major headings (direct health care, enabling, population based, and infrastructure building services) the needs of each population group; preventive and primary care services for pregnant women, mothers and infants; preventive and primary care services for children; and services for children with special health care needs.



#### 6.2.2.2 Direct Health Care Services

See requirements for Enabling Services below. Sections 6.2.2.2 and 6.2.2.3 may be combined into one description if it seems appropriate for your State.

#### 6.2.2.3 Enabling Services

For both direct health care and enabling services separately specify the priority State concerns regarding access to health care and health-related services from the perspectives of financial access, cultural acceptability, availability of prevention and primary care services, and availability of specialty care services when needed.

Assess and describe the extent of financial barriers to primary/preventive care, specialty/sub-specialty care, habilitation and rehabilitation services for each population group.

Describe the impact that;

- the shift in Medicaid coverage over the last five years has made on financial barriers to care and services delivered by State and local public health agencies;
- the move to managed care delivery systems has had on service delivery and availability of services to women and infants, children, and CSHCN;
- the passage of welfare reform will have on the Title V populations, including Supplemental Security Income (SSI) eligibility changes for CSHCN; and
- other changes in financial access (private insurance, risk pools, State insurance programs, child health initiatives) will have on the Title V populations.

Assess and describe the availability of care. Enumerate, as appropriate, any shortages of specific types of health care providers such as primary care physicians, registered dietitians, public health or visiting nurses, nurses certified for obstetric and pediatric primary care, medical social workers, nutritionists, dentists, sub-specialty physicians who serve children with special health care needs, audiologists, occupational therapists, physical therapists, speech and language therapists, specialty registered dietitians.

Describe the linkages that exist to promote provision of services and referrals between primary level care, specialized secondary level care and highly specialized tertiary level care. Assess and describe existing resources for providing community-based care, specialty care through pediatric centers, community-based specialty clinics, and multidisciplinary centers, etc.

Illustrate underserved geographical areas (by map) and evaluate the relationship of Title V with others in the State who address

inadequate, or poorly distributed, health care resources.

#### 6. 2. 2. 4 Population-Based Services

Assess and describe the need for the specific services listed in this level of the pyramid. Assess and describe the State's involvement in the direct management of these services and programs; the State's coordination with other agencies and organizations (universities, managed care organizations, physician groups) in the provision of these services; geographic availability/distribution of these services; and funding mechanisms for these services. Describe other population based programs provided by the State for each of the Title V population groups.

#### 6. 2. 2. 5 Infrastructure Building Services

Assess and describe what is needed at the State level to promote comprehensive systems of services. Assess from the State perspective how local delivery systems (include regional areas as appropriate) meet the population's health needs. Assess existing systems and collaborative mechanisms for the population groups; preventive and primary care services for pregnant women, mothers, and infants; preventive and primary care services for children, and services for children with special health care needs.

Discuss coordination efforts which address the following programs, organizations and groups:

- Medicaid, Supplemental Security Income Program (SSI), Ryan White and Title IV AIDS programs, social services programs, special education programs, early intervention programs including Part H of the Individuals with Disabilities Act (IDEA), vocational rehabilitation programs, mental health programs including the Child and Adolescent Services System Program (CASSP), State interagency transition programs, developmental disabilities programs, SSDI, school health programs and WIC. Attach copies of any such written agreements in section 5.3, other Supporting Documents.
- Major providers of health and health-related services such as children's hospitals and tertiary medical centers, State chapter of the American Academy of Pediatrics, the American Academy of Family Practice, the American College of Obstetrics and Gynecology, and family and parent advocacy organizations.
- For CSHCN discuss the four constructs of a service system; (1) State program collaboration with other State agencies and private organizations, (2) State support for communities, (3) coordination of health components of community-based systems, and (4) coordination of health services with other services at the community level. (See glossary) Specify the groups and individuals involved in the assessment process. In order to determine a measure of the degree to which the State has established such service systems, please complete Form 13,

## Service System Constructs for Children with Special Health Care Needs.

Assess and describe the State's specific efforts related to the development and implementation of standards of care, guidelines, monitoring of program effectiveness, and approaches to evaluation of care. Discuss efforts to monitor continuous quality improvement for each population group specified in Section 5.4. Discuss the State's effort to monitor the development of community-based service systems.

### 6.2.3 Priority Needs

Write a brief summary of the five year Statewide needs assessment organized by the four levels of the pyramid. Condense this brief summary into a list of the State's top seven to ten needs. Use a simple phrase, such as: "The infant mortality rate for minorities should be reduced" or "To reduce the barriers to the delivery of care for pregnant women." Each of the three population groups should be covered by the State's selected priorities. Copy to Form 14, List of MCH Priority Needs, the 7 to 10 simple needs statements. The Title V information system will record up to 10 priority needs, but the State may list and describe more if desired.

### 6.3 Performance Measures

The Government Performance and Results Act (GPRA), Public Law 103-62, requires that each Federal agency establish performance measures that can be reported as part of the budgetary process, thus linking funding decisions with performance and reviewing related outcome measures to see if there were improved outcomes for the target population.

The Department of Health and Human Services requires that, beginning in fiscal year 1999, the Maternal and Child Health Bureau develop performance plans and include performance information in its budget submission. The Maternal and Child Health Bureau must submit annual reports to congress on the actual performance achieved compared to that proposed in the performance plan. This section of the guidance describes how the Federal-State partnership will implement this requirement.

Figure 3, Title V Block Grant Measurement Performance System, presents a schematic approach that begins with the identification of priorities and culminates in improved outcomes for the Title V population. After choosing a set of priority needs from the five year Statewide needs assessment, resource allocation is assigned and programs are designed and implemented to specifically address these priorities. These program activities are described and categorized by the four levels of the pyramid direct health care, enabling, population-based, and infrastructure building services. Imbedded within the levels of service are performance measures a set of National "core" performance measures and up to ten State "negotiated" performance measures that are categorized into three types; capacity, process, or risk factor. Because of the flexibility inherent in the Block Grant, the program activities or the role that Title V plays in the implementation of each performance measure may vary among States (i.e., monitor, advocate, provide, supplement, assure). Yet the program activities, as measured by these "core" and "negotiated" performance measures, should have a collective contributory effect to positively impact the National outcome measures for the Title V population.

Accountability is determined in 3 ways; (1) by having budget and expenditure figures for the four levels of service represented in the pyramid and (2) by measuring the progress towards successful achievement of each individual performance measure. And (3) ultimately, by having a positive impact on the outcome measures, if the program activities are effective and successful.

While improvement in outcome measures is the long term goal, more immediate success may be realized by positive impact on the capacity, process, and risk factor performance measures which are shorter term, intermediate, and precursors for the outcome measures. This is particularly important since there may be other significant factors outside of Title V control affecting outcomes.

### 6.3.1 National "Core" Five Year Performance Measures

Figure 4 lists the National "Core" Performance measures by category and type. Details of the National "core" measures are found in Section 10.5. Each is classified (1) by type capacity, process, or risk factor and (2) by category direct health care, enabling, population-based, or infrastructure building services. This enables the performance measure to be grouped with other similar measures and provides for consistent program narrative and reporting by levels of the pyramid. Each measure has 6 major components goal, measure, definition, healthy people 2000 figure 3 objective, data source, and significance. This assures consistent understanding and reporting among States, and when appropriate, for National aggregation of results. Footnotes containing additional explanatory material may be added to enhance understanding or highlight special conditions or concerns. This is important since these National Performance measures are a "work in progress" and together represent various developmental stages from the recommendation to develop methods for data collection, to the collection of baseline information and to more sophisticated performance measurements.

Each State must set 5 year performance objective targets and report annually in the annual report on its progress (performance indicator) for each of the National measures.

#### 6.3.1.1 Five Year Performance Objectives

Form 11 lists the National performance measures arranged in order by levels of the pyramid (category). Complete the annual performance objective row for the State's five year targets for each objective.

Place the National "Core" Performance Measure Detail Sheets in the Supporting Document Section 5.5 demonstrated in Figure 1, Application/Annual Report Outline for Five-Year Needs Assessment, or Figure 5, Application/Annual Report Outline for Interim Years.

### 6.3.2 State "Negotiated" Five Year Performance Measures

#### 6.3.2.1 Development of State Performance Measures

In order to promote State flexibility, yet assure accountability, in responding to the specific priority needs determined for primary and preventive services for pregnant women, mothers, and infants; preventive and primary care services for children; and children with special health care needs, each State shall develop at least 7, but not more than 10, additional performance measures. These State

**FIGURE 4**  
**PERFORMANCE MEASURES SUMMARY SHEET**

Performance Measure	Pyramid Level of Service				Type of Service		
	DHC	ES	PBS	IB	C	P	RF
1) The percent of State SSI beneficiaries less than 16 years old receiving rehabilitative services from the State Children with Special Health Care Needs (CSHCN) Program.	X				X		
2) The degree to which the State Children with Special Health Care Needs (CSHCN) Program provides or pays for specialty and subspecialty services, including care coordination, not otherwise accessible or affordable to its clients.	X				X		
3) The percent of Children with Special Health Care Needs (CSHCN) in the State who have a "medical/health home"		X			X		
4) Percent of newborns in the State with at least one screening for each of PKU, hypothyroidism, galactosemia, hemoglobinopathies (e.g. the sickle cell diseases) (combined).			X				X
5) Percent of children through age 2 who have completed immunizations for Measles, Mumps, Rubella, Polio, Diphtheria, Tetanus, Pertussis, Haemophilus Influenza, Hepatitis B.			X				X
6) The birth rate (per 1,000) for teenagers aged 15 through 17 years.			X				X
7) Percent of third grade children who have received protective sealants on at least one permanent molar tooth.			X				X
8) The rate of deaths to children aged 1-14 caused by motor vehicle crashes per 100,000 children.			X				X
9) Percentage of mothers who breastfeed their infants at hospital discharge.			X				X
10) Percentage of newborns who have been screened for hearing impairment before hospital discharge.			X				X
11) Percent of Children with Special Health Care Needs (CSHCN) in the State CSHCN program with a source of insurance for primary and specialty care.				X	X		
12) Percent of children without health insurance.				X	X		

Performance Measure	Pyramid Level of Service				Type of Service		
	DHC	ES	PBS	IB	C	P	RF
13) Percent of potentially Medicaid eligible children who have received a service paid by the Medicaid Program				X		X	
14) The degree to which the State assures family participation in program and policy activities in the State CSHCN program				X		X	
15) The rate (per 100,000) of suicide deaths among youths 15-19.				X			X
16) Percent of very low birth weight live births				X			X
17) Percent of very low birth weight infants delivered at facilities for high-risk deliveries and neonates				X			X
18) Percent of infants born to pregnant women receiving prenatal care beginning in the first trimester				X			X

NOTE: DHC Direct Health Care Based Services ES Enabling Services PBS Population  
IB Infrastructure Building C Capacity P Process RF Risk Factor

performance measures may be developed "de novo" or chosen from a set developed by a National committee, or both. There should be at least one performance measure in all four levels of the pyramid, as well as at least one for each of the three population groups. For each negotiated performance measure, complete a Form 16, State Performance Outcome Measure Detail Sheet. This form is identical to the format used for the detail sheets to describe National "Core" Performance Measures in Section 10.5. Throughout the Application and Annual Report label each State Performance Measure with an "SP " to differentiate it from the National Performance Measures. Be sure to include all data elements performance measure title (as you want it to appear on form 11), type (capacity, process, or risk factor), category (direct health services, enabling services, population-based services, or capacity/infrastructure), goal, measure, definition, Healthy People 2000 Objective, data source and data issues, and significance. It is recognized that the assignment of category - level of the pyramid - is a matter of judgment and should be chosen by the primary category of program activities planned to meet the measure during the next 5 years. In order to provide a summary, add the State performance measures in the space provided at the end of Figure 4. Place the State "Negotiated" Performance Measure Detail Sheets in the Supporting Document Section 5.6 demonstrated in Figure 1, Application/Annual Report Outline for Five-Year Needs Assessment or Figure 5, Application/Annual Report Outline for Interim Years.

#### 6.3.2.2 Discussion of State Performance Measures

Discuss briefly why each measure was chosen, its relationship to one or more of the seven to ten priority needs, its level of placement in the pyramid, and its link to or relationship with one or more outcome measures.

#### 6.3.2.3 Five Year Performance Objectives

Complete Form 11 by adding each State measure after the appropriate category (level of pyramid) of the National measures. Complete the annual performance objectives row for the State's five year targets for each State objective.



#### 6.3.2.4 Review of State Performance Measures

After the application is submitted, the State "negotiated" Performance measures will be reviewed by central and regional Maternal and Child Health staff, discussed and negotiated with State staff during the face-to-face application and annual report review session, and approved in the notice of grant award letters transmitted to the State from the Maternal and Child Health Bureau. This review and negotiation process should be viewed as mutually beneficial to both the State and the Bureau, and is a good faith effort by both to select the set of State performance measures that best link the priority needs to outcomes, are representative of important Title V program activities, are generally measurable and practical, and have significant impact on outcomes. The review by central and regional staff also provides an opportunity to increase consistency among similar measures submitted by other States by encouraging identical definitions of numerators and denominators enabling National data aggregation of similar measures. Technical assistance will be available from the central and regional office staff and from other contractors, as necessary, and appropriate.

#### 6.3.3 Outcome Measures

Details of the 6 outcome measures are found in Section 10.7, and they are listed on Form 12. Complete the annual outcome objective row for the State's 5 year targets for each outcome measure.

Each State may also develop one additional State Outcome Measure.

Use Form 16 as the detail sheet. Place the National Outcome Measure Detail Sheets and the State Outcome Detail Sheet (Form 16) in Section 5.7. Add the outcome measure to Form 12.

### VII REQUIREMENTS FOR THE ANNUAL PLAN [Section 505(a)(2)(A)]

#### 7.1 Program Activities Related to Performance Measures

The annual plan should describe the relationship of the priority needs, the National and State five year performance measures, and the capacity and resource capability of the State Title V program. Describe program activities for each level of the pyramid direct health care, enabling, population-based, and infrastructure building services by required populations: primary and preventive services for pregnant women, mothers, and infants; preventive and primary care services for children; and children with special health care needs. In this description of program activities by level of the pyramid, discuss specifically the plan for meeting the annual target for each National and State performance measure. Include a description of the Title V role and the influence that other Agencies or circumstances have on meeting, or not meeting, these annual targets.

#### 7.2 Other Program Activities

Those activities within each pyramid level not discussed above (in 7.1) should be described. State if any of the activities are not provided.

In this description of program activities also include a discussion of the toll-free hotline [Section 505(a)(5)(E)], the plan for coordination of the Title V program with (1) the early and periodic screening, diagnosis, and treatment program (EPSDT), (2) other federal grant programs (including WIC, related education programs, and other health, developmental disability, and family planning programs), and (3) providers of services to identify pregnant women and infants who are eligible for Title XIX and to assist them in applying for services [Section 505(a)(5)(F)]. Also discuss coordination with the Social Security Administration, State Disabilities Determination Services unit, Vocational Rehabilitation, and family leadership and support programs.

### 7.3 Public Input [Section 505(a)(5)(F)]

Briefly describe the process by which this application will be made public to facilitate comment from any person during its development and after its transmittal

### 7.4 Technical Assistance [Section 509 (a)(4)]

The Maternal and Child Health Bureau is responsible for providing technical assistance, upon request, to the States in such areas as program planning, establishment of goals and objectives, standards of care, and evaluation and in developing consistent and accurate data collection mechanisms. List the State's technical assistance needs for the next fiscal year on Form 15 and provide a brief paragraph describing their relationship to program needs.

## VIII REQUIREMENTS FOR THE INTERIM APPLICATION

The Application/Annual Report Outline (Figure 1) format should also be used for the 4 consecutive years following the 5 year needs assessment application with the modifications discussed in this section. Figure 1 is adapted for the interim report below as Figure 5 which shows the modifications necessary for interim year applications. Updates to the needs assessment, priorities, or performance measures should be discussed in detail. If there are no changes no description is necessary. A new annual plan and annual report are required each year.

## Figure 5

### APPLICATION/ANNUAL REPORT OUTLINE FOR INTERIM YEARS

#### I COMMON REQUIREMENTS FOR APPLICATION AND ANNUAL REPORT

- 1.1 Letter of Transmittal
- 1.2 Face Sheet
- 1.3 Table of Contents

Submit all of the above sections.

- 1.4 Overview of the State
- 1.5 The State Title V Agency
  - 1.5.1 State Agency Capacity
    - 1.5.1.1 Organizational Structure
    - 1.5.1.2 Program Capacity
    - 1.5.1.3 Other Capacity
  - 1.5.2 State Agency Coordination

Submit any changes or updates to the above sections.  
Remember that all  
organizational changes must be reported in the application.

#### II REQUIREMENTS FOR THE ANNUAL REPORT

- 2.1 Annual Expenditures
- 2.2 Annual Number of Individuals Served
- 2.3 State Summary Profile
- 2.4 Progress on Annual Performance Measures
- 2.5 Progress on Outcome Measures

Submit all of the above sections.

#### III REQUIREMENTS FOR APPLICATION

- 3.1 Annual Budget and Budget Justification
  - 3.1.1 Completion of Budget Forms
  - 3.1.2 Other Requirements

Submit all of the above sections.

- 3.2 Needs Assessment of the Maternal and Child Health Population
  - 3.2.1 Needs Assessment Process
  - 3.2.2 Needs Assessment Content
    - 3.2.2.1 Overview of the Maternal and Child Health Population Health Status
    - 3.2.2.2 Direct Health Care Services
    - 3.2.2.3 Enabling Services
    - 3.2.2.4 Population-Based Services
    - 3.2.2.5 Infrastructure Building Services
  - 3.2.3 Priority Needs

Submit any changes or updates to the above sections. Submit Form 14, List of MCH Priority Needs, whether or not there has been a change.

- 3.3 Performance Measures
  - 3.3.1 National "Core" Five Year Performance Measures
    - 3.3.1.1 Five Year Performance Targets
  - 3.3.2 State "Negotiated" Five Year Performance Measures
    - 3.3.2.1 Development of State Performance Measures
    - 3.3.2.2 Discussion of State Performance Measures
    - 3.3.2.3 Five Year Performance Targets
    - 3.3.2.4 Review of State Performance Measures
  - 3.3.3 Outcome Measures

Submit any changes or updates to the above sections. Although the National and State performance measures are targeted for 5 years, changes in the target values are acceptable with detailed descriptions. You may also develop additional State performance measures.

#### IV REQUIREMENTS FOR THE ANNUAL PLAN

- 4.1 Program Activities Related to Performance Measures
  - 4.2 Other Program Activities
  - 4.3 Public Input
  - 4.4 Technical Assistance

Submit all of the above sections.

#### V SUPPORTING DOCUMENTS

- 5.1 Glossary
- 5.2 Assurances and Certifications
- 5.3 Other Supporting Documents
- 5.4 Forms
- 5.5 National "Core" Performance Measure Detail Sheets
- 5.6 State "Negotiated" Performance Measure Detail Sheets
- 5.7 Outcome Measure Detail Sheets

Complete all forms.

## IX REVIEW CRITERIA

The formal Block Grant review of the State application and annual report follows the application/annual report outline format. While these review criteria are not detailed, they represent guidelines to assure that the major areas in the statute are addressed. An administrative review is completed in the Office of State and Community Health and subsequently a program review is completed in the regional office, consisting of a face to face review with the Central and Regional office staff to (1) promote understanding of the State's program, (2) better resolve questions, (3) negotiate performance measurements, and (4) determine technical assistance needs for the next year.

### 9.1 Common Requirements for Application and Annual Report

All required information is completed - waiver request is included, if appropriate

#### 9.1.1 Assessment of the State Title V Agency

The State overview provides a clear understanding of the health characteristics of the State and its citizens. The MCH population's characteristics are well described and put into context with other health care services in the State.

The organization chart(s) place the Title V programs within the State Health Department and relationships between CSHCN and specific MCH programs are clearly portrayed.

The State Title V program's capacity is described for each of the population groups.

State statutes are referenced and their purposes and scope briefly explained. Other human services agencies which serve the MCH population are described.

### 9.2 The Annual Report

All expenditure columns in Forms 3, 4, and 5 are completed. There is a description of any significant variations from year to year. Form 5 is particularly important because of its link to the narrative and to performance measures.

Assure that Forms 6, 7, 8,, and 9 are completed; all cells are completed.

Form 10, the State Summary Profile is completed with adherence to the format.

There is a detailed description of program accomplishments, by levels of the pyramid, by each population subgroup. Each National and State performance measure is fully discussed whether

the target was met or not.

There is a clear discussion of the relationship between performance measures and outcome measures. All values for performance indicators in Forms 11 and 12 are completed.

### 9.3 The Application

#### 9.3.1 Budget Justification

The budget justification reflects how Federal support complements the State's total effort and what amounts will be utilized in compliance with the 30 -30 requirements. Other spending categories (administration and maintenance of effort) of Title V funds are maintained (Form 2). The budget describes how satisfaction of the required match is achieved. Form 5 is completed and any discussion noted. These data are important for meeting accountability requirements related to performance measures. Adequate discussion is included for significant year to year variations in budget or expenditures.

All budget and expenditures forms are fully completed.

#### 9.3.2 Needs Assessment

This section provides a comprehensive and prioritized assessment of statewide needs for services to pregnant women and infants; children; and children with special health care needs arranged by the four levels of the pyramid.

The needs assessment methodologies reflect acceptable public health practices, and the approach is systematic, comprehensive and contains all elements and headings from the guidance. Barriers to services as well as health status trends are identified. The delivery systems in the State and related community-based system needs are presented in enough detail to allow the reviewer to understand the State's issues and concerns.

This section fully identifies the key programs, services, providers, coordinators and mechanisms through which services will be made available to, or directly provided to, the MCH & CSHCN population. A list of State priority needs with a brief description of each is present.

### 9.3.3 Performance Measures

All National performance measure and outcome measure targets are completed for five years and the target values are appropriate.

State performance measures are described in detail including why the measure was chosen, its relationship to priority needs, and its relationship to outcome measures. They are understandable, measurable, practical, and complementary to National measures. They are described in the context of levels of the pyramid. The 5 year targets are completed for each State measure and the target values are appropriate.

### 9.4 The Annual Plan

The annual plan relates the priority needs, the National and State 5 year performance measures, and the capacity and resources of the State Title V Programs.

There is a detailed discussion of program activities by levels of the pyramid for each of the three population groups. All performance measures are discussed and placed in context.

Coordination activities are described.

The plan for public input is stated. .

The Technical Assistance form is completed.

## X Supporting Documents

10.1 Glossary

10.2 Assurances and Certifications

10.3 Other Supporting Documents (Place holder)

10.4 Forms

10.5 National "Core" Performance Measure Detail Sheets

10.6 State "Negotiated" Performance Measure Detail Sheets (Place holder)

10.7 Outcome Measure Detail Sheets